

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Advanced Medical Technology Association Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Arduini, Peter, , ,**

Mailing Address 341 Pineville Rd

City  
Newtown

State  
PA

Zip Code  
18940-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Integra Lifesciences

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
09 / 05 / 2019

**Transaction ID : C3941408**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bernardo, Joseph, , ,**

Mailing Address 45 Lafayette Rd  
213

City

North Hampton

State

NH

Zip Code

03862-2451

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Linden Capital Partners

Occupation (for Individual)  
Operating Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 12 / 2019

**Transaction ID : C3944112**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bhatt, Manthan, , ,**

Mailing Address 1328 F St NE

City

Washington

State

DC

Zip Code

20002-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AdvaMed

Occupation (for Individual)  
Director State Government & Regional /

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2019

**Transaction ID : C4016589**

Amount of Each Receipt this Period

360.00

☐ Memo Item

\* Payroll Deduction: \$60 per month

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3110.00